

disease, an indelible impression is often left upon the nerve-tissue, which manifests itself by impaired function, and which treatment cannot overcome.

14. That the iodide of potassium pushed rapidly to toleration, unless the symptoms subside before that point is reached, is the main outline of treatment. That mercury, used at the same time, or alternated with the iodide of potassium, is often of great value in protracted or inveterate cases; and that tonics, change of air and surroundings, frequently influence the effect of treatment in a marked degree, and may become essentials to success.

Simultaneous Intra and Extra-Uterine Pregnancy.—Dr. ABRAM SAGER reports (*Michigan Univ. Med. Journ.*, Oct. 1870) a remarkable and rare case of this which presented a complication of unusual anomalies. "1st. A twin pregnancy with uterine and tubal location, the tube occupied being the *left* one. 2d. The *right* ovary containing two recent corpora lutea near the uterine end. 3d. The *right* Fallopian tube rendered incapable of functioning by a bridle across its pavilion. This form of extra and intra-uterine gestation, proceeding simultaneously, is so rare as to be scarcely recognized by most recent authorities."

Case of Extra and Intra-Uterine Foetation occurring conjointly; with Operation therefor, resulting in the Death of the Mother, and the Saving of Two Living Children.—This is the title of a case imperfectly reported (*New Orleans Journ. of Med.*, Oct. 1870) by Dr. E. PAUL SALE, of Aberdeen, Miss. The reporter was called in consultation (March 2d) to see with Dr. J. W. Moore a negress, æt. 22, unmarried, who had a large tumour in the abdomen. Upon examination it was concluded, he says, to be a case of extra-uterine foetation, and in discussing the means for her relief the following points were considered. The patient "had had contractile pains for at least four weeks. She is becoming rapidly exhausted; and if nothing is done, death must soon take place. There is no chance for the foetus to be resolved into pus or a calcareous mass. The contraction cannot be controlled, and consequently there is danger of rupture and internal hemorrhage. Ovariectomy affords the only hope for saving either the mother or child." Accordingly the next day the operation was performed by Dr. Sale in the following manner: "After cutting through the abdominal walls by successive incisions, I came upon a hard and somewhat glistening tumour. I then attempted to determine whether it was intimately connected to the uterus, by an assistant moving it up and down while my finger was in the vagina upon the os. It moved slightly, but not enough to consider it directly attached. Next as to whether it was ovarian or tubal; and I must confess the emergency of the moment precluded my making an extended examination. Since thinking of it though, my impression is that it was ovarian. I desired to cautiously incise the tumour, but the envelope was so thin and tense, that upon the first cut of the scalpel a gush of blood escaped, succeeded by a part of a sarcoous mass which was soon discovered to be a placenta. The opening was immediately enlarged, and the placenta, with a living child, extracted. The sac rapidly reduced itself in size, and allowed the uterus, which it had almost entirely overlain, to be felt. To our great astonishment it was found to be large and globular as if impregnated. I stated to Dr. Moore my suspicions about it, and a hasty consultation was held whether to suspend the operation and try to deliver the child *per vaginam* by dilating the os, or make one operation do for both. The latter was deemed advisable, and hysterectomy was performed, which resulted in the extraction of another living child and placenta. The abdomen, cyst, and uterus were cleansed of all coagula, and the wound closed. A sound was passed with some difficulty through the os to allow the discharges to pass through. During the manipulation, the hands were from time to time dipped in artificial serum, and all precautions were observed as best we could under the circumstances." The patient reacted well afterwards, and she expressed herself as feeling well, but she died four days afterwards "of supposed septicæmia." No post-mortem was allowed. It is but justice to Dr. S. to say that he expresses his regret that "much more complete observations were not made; but the emergency of the moment, lack of competent assistants, lack of surgical conveniences, and entire inexperience in abdominal sections, are

excuses I offer in extenuation of this seeming remissness; and I will also state that the patient, as well as ourselves, lived in the country, and the subject of the operation lived three miles from Dr. Moore's, and ten from myself, over almost impassable prairie roads during the winter and spring months: and it so happened at the time of the occurrence, both of us were actively engaged in professional duties."

Influence of Excessive and Prolonged Muscular Exercise upon the Elimination of Effete Matters by the Kidneys.—Prof. AUSTIN FLINT, Jr., reports (*New York Medical Journal*, Oct. 1870), some carefully conducted researches on this subject, based on an analysis of the urine passed by Mr. Weston while walking one hundred miles in twenty-one hours and thirty-nine minutes. He considers it to be established by this investigation "that excessively severe and prolonged muscular exertion increases immensely the amount of nitrogenized excrementitious matters in the urine, particularly the urea, and produces a corresponding increase in the elimination of most of the inorganic salts."

Destruction of Tendo Achillis without much Lameness Resulting.—Dr. HUNTER McGUIRE states (*Medical Times*, Oct. 1, 1870) that his attention had been attracted several times by the slight lameness following complete destruction of the tendo Achillis, which is so contrary to the teachings of many authors. "Moreau even goes so far as to state that 'it is better to amputate the foot if the tendo Achillis is to be destroyed.' I have lost the notes of several cases of this kind which I observed during the war, but I will mention the two following, as my recollection of them is very distinct.

"The first was a Confederate major-general, shot at McDowell, May 8, 1862. The ball entered the outside of the leg, fractured the fibula about its lower third, and passed out upon the opposite side of the limb. I enlarged the wound of entrance and removed several detached fragments of bone. Phlegmonous erysipelas attacked his leg soon after the injury, and resulted in extensive sloughing. The tendo Achillis died, was separated by the process of the disease, and was removed with the forceps. This gentleman recovered after a tedious illness, and although he has a slight limp it is so trifling that it is difficult to tell from his gait the wounded from the sound leg.

"The second case was that of a soldier wounded at Winchester by a fragment of shell. The missile tore out between three and four inches of the tendo Achillis, with the soft parts covering it. After some months the man walked with a very slight limp.

"Whether, after such a loss as I have described in the two foregoing cases, nature supplies some adventitious tissue which takes the place of the tendon; or distributes the force of the contraction of the soleus and gastrocnemius upon the tendons of the peroneal and tibial muscles; or gives to the last-named muscles increased size and strength; or whether two or all of these circumstances are combined to enable the patient to raise the heel in walking, I do not pretend to say."

Monstrosity.—*The Cincinnati Medical Reporter* (December, 1870) contains a very imperfect account of a human monster brought into the world on the 13th October last, at Bennington township, Morrow County, Ohio. Some other journals, and also the daily papers, have published accounts of this monstrosity, which is pronounced by all to be unique and the most extraordinary ever seen. We have also been favoured with a description of this malformation, and with a rough drawing, both of which are too imperfect for publication, but sufficient to enable us to determine with certainty the character of this monstrosity, which is very far from being so extraordinary as is supposed.

This malformation belongs to the second family of double Monomphalien monsters of M. Isidore Geoffroy Saint Hilaire, and to his genus *Ischiopage*¹—a genus first established by M. Debreuil under the name of *Ischiadelphe*.

¹ Histoire générale et particulière des Anomalies de l'Organisation chez l'Homme et les Animaux, etc.